



# The Bridge Clinic

The Bridge Clinic, 156-160 Bridge Road, Maidenhead, Berkshire, SL6 8DG.

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We welcome feedback from our patients and use your comments to improve our service accordingly.

Please tick one box for each question. If the question is not applicable to you please just leave it blank. Once completed please return your completed form in the envelope provided.

Thank you in advance for completing this questionnaire.

<b>About you</b>					
Name: .....					
Please write the date of your visit: .....					
Please tick your age band: <input type="checkbox"/> Under 16 <input type="checkbox"/> 17 to 30 <input type="checkbox"/> 31 to 50 <input type="checkbox"/> 51 to 70 <input type="checkbox"/> 70 & over					
Please tick whether you are: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Please provide your ethnic origin: .....					

<b>Reception and Arrival: How would you rate...</b>					
1 The care and attention shown by the Reception Staff					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
2 The information provided by your Consultant prior to your appointment					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
3 The comfort of the waiting room					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
4 The amount of time you waited for your appointment					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
<b>Administration and Accounts: How would you rate...</b>					
1 The data collection and registration process					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
2 Explanation of the billing procedures					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
3 Answers provided regarding any billing concerns					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
4 The care and attention shown to you by the Accounts Staff					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
<b>Nursing Care: How would you rate...</b>					
1 The respect for your privacy and dignity					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
2 The explanation by the Nurse of any tests or treatment that they conducted for you					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
3 The care and attention shown by your Nurse					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
4 Your overall impression of the nursing care given					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					

Please turn overleaf

<b>Consultant Care: How would you rate...</b>									
1	The respect of your privacy and dignity								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
2	The explanation and information provided regarding your procedure or treatment								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
3	The opportunity to ask questions and the ease of understanding of the answers provided								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
4	The care and attention provided by your Consultant								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
<b>Radiology Department: How would you rate...</b>									
1	The respect for your privacy and dignity								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
2	The convenience of your appointment								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
3	The information and explanation provided by the Radiology Team regarding your procedure								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
4	The care and attention shown to you by the Radiology Staff								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
<b>Facilities: How would you rate...</b>									
1	The overall cleanliness of the clinic								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
2	The hot beverages provided								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
3	The magazines and newspaper available								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
4	Overall impression of the clinic's facilities								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
<b>Patient Focus: How would you rate...</b>									
1	The information provided throughout your visit to the clinic								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
2	Consideration of your individual needs and wishes								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
3	Accessibility and parking								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
4	Resolution of any concerns that you had								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
5	Taking everything in to account the care you received								
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Please note any aspects of the service which you feel need to be improved:									

**Thank you for completing this survey**